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THAT FOSTER self-determination.

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MISSOURI DEPARTMENT OF MENTAL HEALTH

SELF-DIRECTED SUPPORTS
"POSITIVE BEHAVIORAL SUPPORT"
COLLEGE OF DIRECT SUPPORTS
ENROLLMENT REQUEST FORM

If you are requesting training for Positive Behavior Supports through College of Direct Supports, then please complete the attached form and send it to Tonda Lain, who is the site administrator at tonda.lain@dmh.mo.gov. Once Tonda receives the Training Enrollment Request, she will assign the training to each individual you wish to enroll. Please make sure to fill in all of the blanks and make sure that you have completed all of the information requested for each person you wish to enroll.

When the site administrator completes the enrollment process, the person enrolled, individual/Designated representative and Self-Directed Support Coordinator will all receive an email which provides step by step instructions on how the person enrolled will access the assigned modules through College of Direct Support.

Once all of the training is completed for the module, the person enrolled will email tonda.lain@dmh.mo.gov that they have completed all of the assigned modules and are ready to receive their certificate of completion. Tonda will review the transcript to ensure all modules have been completed before sending the certificate of completion. Certificate of Completion will be sent to the individual enrolled and the employer/designated representative. A copy of the certificate will need to be sent to Missouri Consumer Direct as proof of training completion.

Date of Request: _____

Self-Directed Support Coordinator: _____ Region/Satellite: _____

Individual using SDS: _____ Email: _____

Designated Representative Name (if applicable): _____

Designated Representative Email: _____

Please enroll my following employees into the into College of Direct Supports:

First Name: _____ Last Name: _____

Email: _____ Date Enrolled: _____

Date Completed: _____	Certificate Emailed: _____
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First Name: _____ Last Name: _____

Email: _____ Date Enrolled: _____

Date Completed: _____	Certificate Emailed: _____
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First Name: _____ Last Name: _____

Email: _____ Date Enrolled: _____

Date Completed: _____	Certificate Emailed: _____
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